

257062

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Request to Amend Name on Application in Order
Before Certificate has been issued**

**Lantana Group, LLC DBA Low Country Loop
Trolley**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 56 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

* Submitted by: Derrick Williams

* Telephone: 843-290-3363

* Address: 1514 Mathis Ferry Rd #11
Mt. Pleasant, SC 29464

* Fax: _____

Other: _____

* Email: info@lowcountrylooptrolley.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input checked="" type="checkbox"/> Other: <u>Request to amend name on application</u>
<u>listed in order before cert issued</u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**Request to Amend name on Application listed in Order Granting Authority before a Certificate Has
Been Issued**

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main St, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: July 2, 2011

The PSC issued Order No. 2012-129 (Docket No. 2012-56-T) on March 1, 2012 that granted authority for a Class C Charter Bus Certificate in the name of "Lantana Group, LLC DBA Low Country Loop Trolley Co." At the time of filing the initial application, the applicant filed the business name in error.

Please consider this as a request to amend the name in Order No. 2012-129 to be Lantana Group, LLC DBA Low Country Loop Trolley

Lantana Group, LLC DBA Low Country Loop Trolley
 (Amended Name of Company) (If applicable)

⊗ 1514 Mathis Ferry Rd. #11 ⊗ Mt. Pleasant, SC 29464
 (Street Address) (City, State, Zip Code)

⊗ _____
 (Mailing Address if different from street address)

⊗ 843-654-5199 ⊗ _____
 (Telephone Number) (Fax Number)

⊗ info@lowcountrylooptrolley.com ⊗ _____
 (Email Address) (Signature)

⊗ Managing Member
 (Title)